



VIRGINIA
DEPARTMENT OF CORRECTIONS

Emergency Grievance 866_F4_4-16

Emergency Grievance

Log # 137220

Emergency Grievances are provided for offender reporting and expedited staff responses to allegations that an offender is subject to a substantial risk of imminent sexual abuse and to situations or conditions which may subject the offender to immediate risk of serious personal injury or irreparable harm.

Offender Last Name BURKE First CONRAD Number 1201550 Facility LVCC Building-Cell/Bed 72-116

PART A- OFFENDER CLAIM

What is the emergency? I have a filing that's come out of tooth and I'm suffering with unbearable excruciating pain in my tooth and possible and likely infected blood causing pain. I need to be treated by Dentist SOONs applicable to prevent infected blood from traveling to brain. Thank you
Date/Time 04-22-18 105 Offender Signature and Number Mr. COB #1201550

PART B- STAFF RESPONSE

(This part is to be completed and returned to the offender within eight (8) hours.)

- ☒ Your grievance does not meet the definition for an emergency. Action Taken/Recommended:
- ☐ Submit Informal Complaint ☐ Evaluated by Medical: Date Seen _____
- ☐ Submit Sick Call Request ☐ Send an Offender Request To: _____
- ☐ Submit Request to Dental ☐ Other (Provide detailed explanation below)
- There is no dentist on staff @ present time however the search for one is ongoing
- ☐ Your grievance has been determined to be an emergency and the following action has been taken:
- ☐ Sent to Hospital: Date Transported _____ ☐ Other (Provide detailed explanation below)

Date/Time 4/22/18 1800 Respondent Signature [Signature] Name/Title Printed [Name]

☐ PREA Alleged incident of sexual abuse or sexual harassment; Shift Commander, Facility Unit Head or Administrative Duty Officer, and facility PREA Compliance Manager notified

Alleged sexual abuse or sexual harassment ☐ Will be referred for Investigation

Determination by: _____

Signature _____ Name/Title Printed _____ Date/Time _____

Distribution: Original Grievance returned to Offender. Copy forwarded to Institutional Ombudsman/Grievance Coordinator

